

P A T E N T

UNITED STATES PATENT AND TRADEMARK OFFICE

In re: **Must H. Bardy et al.**

Confirmation No.: 5562

Serial No.: 09/940,377

Examiner: K. Droesch

Filing Date: August 27, 2001

Group Art Unit: 3762

Docket No.: 1201.1111101

Customer No.: 28075

For: **METHOD OF INSERTION AND IMPLANTATION OF IMPLANTABLE
CARDIOVERTER-DEFIBRILLATOR CANISTER**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 314494750 US, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 13th day of July 2004

By Kathleen L. Boekley
Kathleen L. Boekley

Dear Sir:

This paper is in response to the Office Action mailed May 4, 2004, with a shortened statutory period set to expire on August 4, 2004. This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 17 of this paper.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gust H. Bardy et al.

Confirmation No.: 5562

Serial No.: 09/940,377

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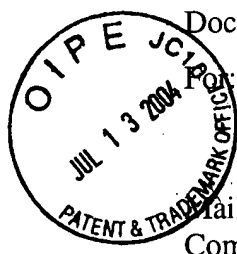
Group Art Unit: 3762

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**METHOD OF INSERTION AND IMPLANTATION OF IMPLANTABLE
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TRANSMITTAL SHEET



Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached:

- [XX] Amendment
[] No additional claim fee required
[XX] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	107 -	109 =	0	X 9=	\$0	X 18=	\$
INDEPENDENT CLAIMS	6 -	4 =	2	X 43=	\$86	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$0	+ 290 =	\$
TOTAL				\$86.00		\$	

[XX] A check in the amount of \$86.00 is enclosed. Itemization:

Fee Code 2201 \$86.00

Fee Code _____ \$

Fee Code _____ \$

[XX] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[] Other: _____.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772

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